Birthday Party Reservation Form

Date: Initial:	
Sent Package: _ Initial:	



McKeon Dance & Gymnastics Center 3A Spaceway Lane Hopedale, MA 01747 5084738166

Party Child:	DOB	Age
Address:		
Home Phone:	Cell Phone:	
Date Requested:		
Time Requested:		
Number of Children:	Age Range:	
Theme:		
	Circle Choice	
1 Y2 hour	up to 12 kids (including birthday child)	\$200.00
1 Y2 hour	1320 kids (including birthday child)	\$250.00
1 Y2 hour	2127 kids (including birthday child)	\$300.00
deposit. Please be aware your reservention packet has been issued. The balance of your party Personal checks will not be accept	s may be taken up to 3 months in advance and invation is not confirmed until we have received you. If, we will not confirmed until we have received you woust be paid in full the day of your party byou. Please note if you would like to add an add there is a \$50.00 charge.	our non -refundable deposit and a credit/debit card or cash.
•	and signature are my indication that I have read, un parties at McKeon Dance & Gymnastics Center.	derstand and agree to comply with the
Signature:	Date:	